Crime Victim Compensation Application

First Judicial District - Jefferson and Gilpin Counties
500 Jefferson County Parkway
Golden, CO 80401
Phone: (303) 271-6846
Fax: (303) 271-6785
Email: da-cvc@jeffco.us

Office Use Only
Claim No. _____
_____

Application updated: 3/1/2020

The Crime Victim Compensation (CVC) Program operates pursuant to C.R.S §24-4.1-101 et seq.

ELIGIBILITY REQUIREMENTS:

- The crime must be one in which the victim sustains mental or bodily injury, dies, or suffers property damage to locks, windows or doors to residential property as a result of a compensable crime.
- The victim must cooperate with law enforcement officials (District Attorney, police, sheriff, etc.).
- The crime was reported to a law enforcement agency within 72 hours after the crime occurred.
- The injury or death of the victim was not the result of the victim's own wrongdoing or substantial provocation.
- The victimization occurred on or after July 1, 1982.
- The application for compensation must be submitted within one year from the date of the crime; six months for residential property damage claims.
- The crime occurred in Jefferson or Gilpin County, or, the victim is a resident of Jefferson or Gilpin County, but the crime occurred in a state or country that does not have a CVC program.

NOTE: *The Crime Victim Compensation Board may waive some of these requirements for good cause or in the interest of justice.*

GENERAL INFORMATION:

- There does not need to be an arrest made or charges filed for a victim to be eligible for compensation.
- Compensation may be made for mental health counseling, self-defense, medical/dental expenses, medically necessary devices (dentures, eyeglasses, hearing aids, prostheses), household support, exterior residential doors/locks/windows, funeral expenses, loss of support to dependents in the event of death, loss of income, safety modifications/security system, and crime scene clean-up.
- Requests must be directly related to the crime reported to law enforcement. Services may be limited by CVC policy.
- Compensation for property damage may be awarded for the repair or replacement of *exterior residential* doors, locks, and windows that are damaged during the commission of a crime.
- By law, you must apply for all other available sources of financial assistance or reimbursement, including private insurance, Medicaid, Medicare, etc.
- Please attach *itemized bills* and receipts that are directly related to the crime. You may apply if you have not received an invoice or bill, but please forward *itemized bills* as you receive them.
- Your claim will be investigated and presented to the Crime Victim Compensation Board. This process may take up to 60 days.
- Total recovery may not exceed the statutory limit of $30,000. Compensation for some categories is limited by Board policy. You will be notified in writing of the Board's decision and payments made to providers.

- Should your claim be denied, you have a right to request reconsideration of the Board's decision and have the right to submit new or additional information related to the reason(s) for the Board's denial or reduction of your claim. You may submit a written request for reconsideration to the CVC Administrator within 30 days from the date of the letter of denial or reduction of your claim. If you request reconsideration of the Board's decision, further information concerning the reconsideration will be mailed to you. In the event the denial is upheld by the Board you have a right to have the Board's decision reviewed in accordance with the Colorado Rules of Civil Procedure within 30 days.
- The Crime Victim Compensation Program does not discriminate on the basis of race, color, national origin, religion, gender, disability, age or sexual orientation.
- Hearing or visually impaired persons may contact the CVC program by phone, mail, email, in-person or through delegate to request assistance in submitting a CVC application.
- To request an application in a language other than English or Spanish, please contact the CVC program by phone, mail, email, in-person or through delegate.
- All materials received, made or kept by the CVC program concerning a CVC application made under C.R.S. 24-4.1-100.1 are confidential. CVC documents are only releasable pursuant to C.R.S. 24-4.1-107.5. For crimes that fall under the Victims Right Amendment, victims will be notified by the District Attorney should a subpoena be issued for their CVC documents.
- If you need emergency financial assistance, please contact the police/law enforcement agency where the crime was reported and inquire about emergency financial assistance.
- If your crime related bills have been turned over to collections, or for further information regarding CVC please call: 303.271.6846 or email: da-cvc@jeffco.us

SECTION 1- VICTIM INFORMATION: (Please complete every field. Incomplete applications may delay processing.)

Victim Name (First, Middle, Last) _____ Birth Date _____ Age at time of crime _____

Mailing Address _____

City, State & Zip Code _____ Gender: ☐ Male ☐ Female

Primary Phone _____ Secondary Phone _____ E-mail _____

The following information is used for statistical purposes only. This information is needed to comply with Federal regulations.

Race:
- ☐ African American / Black
- ☐ American Indian / Alaskan Nat.
- ☐ Asian
- ☐ Caucasian / White Non-Latino
- ☐ Hispanic / Latin American
- ☐ Pacific Islander / Hawaiian Nat
- ☐ Multiple Race
- ☐ Other _____

Referral Source:
- ☐ Police Agency Victim Advocate
- ☐ District Attorney Victim Advocate
- ☐ Child Advocacy Center
- ☐ Police Officer
- ☐ Human Services
- ☐ Hospital / Medical Facility
- ☐ Mental Health Provider
- ☐ Other _____

Disabled prior to crime?
- Mentally ☐ Yes ☐ No
- Physically ☐ Yes ☐ No

SECTION 2- CLAIMANT INFORMATION:

*Please complete only if the person submitting the application is not the victim, i.e. victim is a minor, deceased or incapacitated.

Claimant's Name (Parent/Guardian/Relative) _____ Relationship to Victim _____ Date of Birth _____

Mailing Address _____ City/State/Zip _____

Primary Phone _____ Secondary Phone _____ Email Address _____

SECTION 3- CRIME INFORMATION:

Type of Crime (check all that apply)

- ☐ Domestic Violence
- ☐ Assault
- ☐ Burglary/Criminal Mischief
- ☐ Adult Sexual Assault
- ☐ Murder/Homicide
- ☐ DUI, Vehicular Assault/ Homicide, Other Vehicular Crime
- ☐ Child Physical Abuse
- ☐ Child Sexual Assault by Family Member
- ☐ Child Sexual Assault – Non-Family Member
- ☐ Other_____

Date of Crime: _____ Date crime was reported: _____

Name of perpetrator: _____ Perpetrator's relationship to victim: _____

Police department crime was reported to: _____ Police report number: _____

Police officer assigned: _____ Court case number: _____

County where crime occurred: _____ Did the crime occur at work? ☐ Yes ☐ No

SECTION 4-CIVIL LAWSUIT:

Are you planning to sue the person(s), their insurance or business responsible for this injury? ☐ Yes ☐ No

If yes, please provide the following information:

Your Civil Attorney's name: _____

Mailing Address _____ City/State/Zip _____ Telephone Number _____

NOTE: The Crime Victim Compensation Board must be notified of any civil action and be provided with written evidence of the amount of settlement.

SECTION 5- INSURANCE/COLLATERAL SOURCE INFORMATION:

All applicants seeking compensation for medical and residential bills must complete the following information on insurance and other sources available to pay medical bills.
NOTE: Crime expenses **must** be submitted to all available financial assistance programs prior to CVC review.
Please indicate if the victim is insured.

SOURCE:	YES	NO	UNK	Name of Insurance Company / Policy # / Phone # / Deductible amount
Private Insurance	☐	☐	☐	
Medicaid/CHP	☐	☐	☐	
Medicare	☐	☐	☐	
Group Insurance	☐	☐	☐	
Colorado Indigent Program	☐	☐	☐	
Worker's Compensation	☐	☐	☐	
Disability Insurance	☐	☐	☐	
Automobile Insurance	☐	☐	☐	
Homeowner's/Renter's Insurance	☐	☐	☐	
Other	☐	☐	☐	

SECTION 6- REQUEST FOR SERVICES: Please check each category for which you are requesting assistance and provide the information requested within the block. Include copies of itemized bills with this application. Forward additional crime related bills as you receive them. Please note that additional eligibility requirements apply. Please call for more information.

☐ **MENTAL HEALTH COUNSELING:** Please list the names of secondary victims that you are requesting therapy for.

Name of Family Member(s)	Relationship to Victim	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

→ **NOTE:** <u>All persons 18 years old, or older, must sign the last page of this application and provide contact information or complete their own application</u>.

☐ **MEDICAL/DENTAL:** Submit copies of crime related *itemized bills,* if or when they are available.

☐ **MEDICAL ITEMS:** Submit copies of crime related *itemized bills,* if or when they are available
(Limited to medically necessary items damaged or destroyed during the crime)

☐ Dentures ☐ Eyeglasses/Contact Lenses ☐ Hearing Aids ☐ Prosthetic Device ☐ Other_____

☐ **LOSS OF HOUSEHOLD SUPPORT:** Primary victims who were living with the suspect at the time of the crime and are dependent family members (spouse, children, domestic partner) may be eligible.

☐ **RESIDENTIAL PROPERTY:**
(Limited to doors, locks, or windows that is damaged or destroyed during the crime and rekey of residential locks for the purpose of safety)

☐ Residential Locks/Rekey ☐ Exterior Door ☐ Exterior Window

Residential insurance deductible amount $_____

☐ **BURIAL EXPENSES:** – Submit copies of itemized bills. Maximum of $7,500.00

☐ **LOSS OF SUPPORT TO DEPENDENTS:**
Spouse, minor children, or domestic partner who was wholly or partially dependent upon the victim's income at the time of *death* may be eligible for compensation.

☐ **LOST WAGES:**
You may request loss of income for missed work due to crime related injuries or bereavement, and you did not have paid sick or vacation time. Loss of wages is not available for reporting the crime, testifying in court, interviewing with police or D.A., making household repairs or attending appointments. Employment, rate of pay, unpaid time off and ability to work will be verified.

☐ **SECURITY SYSTEM or SAFETY MODIFICATIONS:**
For cases where there is concern for the victim's ongoing safety (e.g. stalking, domestic violence). No weapons or security animals will be approved. Not all crimes or situations are applicable.

☐ **CRIME SCENE CLEAN-UP:** For the professional clean-up of bodily fluids at a crime scene.

PLEASE READ EACH SECTION, SIGN AND DATE

All persons, 18 years of age or older, for which you are requesting services on this application must sign this page

CERTIFICATE OF APPLICATION: The information contained in this application for Crime Victim Compensation is true and correct to the best of my knowledge. I understand that untruthful statements provided, or falsified documentation submitted may result in a denial of my claim and is punishable by law.

CLAIMANT RESPONSIBILITY: I understand that I am responsible for my bills relating to this crime and have the burden of providing any documentation to the Crime Victim Compensation Board to assist with verification of my claim. I must also notify service providers of my application to the Crime Victim Compensation Program.

COOPERATION: I understand that my failure to cooperate with law enforcement (police, sheriff, prosecutor, etc) may result in the denial of my claim.

REPAYMENT OF CRIME VICTIM COMPENSATION: I hereby agree to repay the Crime Victim Compensation Fund if payments are received from the offender (restitution or civil action), insurance, or any other government or private agency as compensation for this injury or death after receipt of payment from the Crime Victim Compensation fund.

SUBROGATION AGREEMENT: I hereby agree to notify the CVC Program in the event that benefits/funds become available to me, including but not limited to a civil lawsuit action, in payment of the same expenses for which I receive from the CVC Program. I further agree to retain so much of the recovered funds as necessary to reimburse the CVC Program to the extent of the compensation I received from the Program.

ALTERNATIVE APPLICATION PROCESS: If you feel the CVC Board in the First Judicial District or the staff is unable to impartially review your claim due to personal or professional relationship(s) with two or more Board members, it will be sent to another district for review. The First Judicial District must receive a request for alternative review in writing. If your claim is approved, bills will be paid from the First Judicial District. I understand this may delay the processing of my claim.

RIGHT TO RECONSIDERATION: Should my claim for compensation be denied, I will be notified of the reason in writing. I understand that I have the right to request reconsideration by the Crime Victim Compensation Board and may do this by submitting a letter which addresses the reason(s) for the denial as stated in the letter. The Crime Victim Compensation Board, in its discretion, may conduct a hearing to reconsider the denied claim. I understand that the burden of proof is upon me as the applicant to show the claim is reasonable and compensable under the Colorado Crime Victim Compensation Act. In the event the denial is upheld by the Board following the reconsideration, I understand that I may have the Board's decision reviewed in accordance with the Colorado Rules of Civil Procedures.

RELEASE OF FUNDS: I hereby authorize release of funds awarded to me under the Colorado Crime Victim Compensation Act to be paid directly to the service provider(s) applicable to my claim. I understand that any award is subject to the availability of funds and the discretion of the Board.

RELEASE OF INFORMATION AUTHORIZATION: I hereby authorize the release of all information from any employer, physician, hospital, Department of Social Services, civil attorney, medical and/or mental health service providers and/or any other creditor or agency for the purpose of verifying the claims that I have submitted to establish validity of a claim. I further understand that any information provided may be subject to disclosure under the law. This authorization may be revoked at any time in writing, except to the extent that action has already been taken in reliance upon it. My signature authorizes release of all such information as specified above. A photocopy or exact reproduction of this signed release shall have the same for and effect as the original.

_____ _____

Signature of Victim/Claimant Date

**All persons, 18 years of age or older, requesting services must sign this page

_____ _____

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Please return to the address, email, or fax number on the front of this application.